

Interim Guidelines for Preventing Spread of Severe Acute Respiratory Syndrome (SARS)

April 22, 2003

Background

The first patient with Severe Acute Respiratory Syndrome (SARS) was reported by public health officials in Guongdong Province, China on February 25, 2003. Since that time, 3,947 cases of SARS have been reported to the World Health Organization and 229 (6%) patients have died. Nearly 90% of SARS cases have occurred in China or Hong Kong. Only 39 probable SARS cases have been reported in the United States and none have died.

The symptoms of SARS include a fever and also may include headache, a feeling of discomfort, and body aches. Some people have reported diarrhea also. Two to 7 days later, people with SARS may develop a dry cough and may have difficulty breathing.

How does SARS spread?

The SARS virus is spread by close personal contact to someone with the disease. According to experts, only those who are ill can transmit the virus to others. However, it is also possible that the SARS virus can spread more broadly through the air or other ways that are not yet known. There are studies ongoing to determine this risk.

Most people infected with SARS have cared for or lived with a SARS patient, or have had direct contact with infectious respiratory secretions from a SARS patient. A person who is sick with SARS may cough or sneeze droplets directly on themselves, others, or nearby surfaces. (Respiratory droplets do not remain suspended in the air and fall out onto surfaces or other people.) Person-to-person transmission can occur when a person touches a SARS patient or contaminated surface, contacts the virus with his or her hands, and then touches his or her eyes, nose, or mouth.

Who is at risk for SARS?

Current information tells us that people who have direct close contact with a SARS patient are at greatest risk. This includes anyone sharing a household with someone with SARS, or health-care workers caring for a SARS patient. People who travel to areas where there is community spread of SARS may be at increased risk for SARS— People's Republic of China (i.e., mainland China and Hong Kong Special Administrative Region); Hanoi, Vietnam; Singapore; and Toronto, Canada.

What can you do to decrease the risk of SARS in the community?

There has been no community-wide spread of SARS in the U.S., so community based prevention strategies are not necessary at the present time. But this may change. You can find the most up-to-date information about SARS by visiting the CDC SARS Internet site: <http://www.cdc.gov/ncidod/sars>.

Here are some suggestions that may prevent spread of respiratory viruses in general, including the SARS virus:

- Clean your hands before and after using bathroom facilities and before eating, drinking, preparing food, or inserting or removing contact lenses.
 - Use soap and running water, making sure to lather all hand surfaces.
 - When soap and running water are not available, use a waterless, 60% alcohol-based hand cleaning gel (available at grocery stores and drug stores).
- Have disposable tissues easily accessible. Cover the mouth and nose when coughing and sneezing to decrease the spread of respiratory droplets.
- Provide waste containers for easy disposal of tissues and other items that could be contaminated with respiratory secretions. Use a liner to reduce hand contamination when emptying the container. Wash hands with soap and water or a waterless alcohol-based hand cleaning gel after emptying waste containers.
- Disinfect frequently touched surfaces (counters, railings, door handles, and telephones and public bathroom facilities) with an Environmental Protection Agency (EPA) approved household germicide. Wipe the surface with the germicide and allow to air dry according to the manufacturer's instructions. While there are no specific disinfectants approved to eliminate the SARS virus, standard germicides are effective.

SARS Myths

- To date, there is no evidence that air purifiers decrease transmission of viruses.
- Surgical masks were designed to prevent the wearer from spreading infection, not to protect the wearer. Only N95 to N100 respirators offer protection, and then only after the wearer undergoes a fit testing procedure. There are no recommendations to use masks or respirators in the public setting.
- Don't rely on antibacterial wipes for protection. While these wipes will remove dirt and debris, they are not designed to kill viruses.

What should you do if you become ill?

If you develop fever and respiratory symptoms and have traveled to an area where there is community spread of SARS, or if you have been in contact with a SARS patient, contact your health care provider and provide this information. Your provider will contact the Alaska Section of Epidemiology for additional information to assist in diagnosing your illness.

Conclusion

Dr. Julie Gerberding, the Director of the U.S. Centers for Disease Control and Prevention said it best. "Separating the help from the hype is a very difficult challenge in the absence of all of the

data that we would like to have. . . . So my advice is to kind of follow the same rules that your mother taught you in kindergarten. Keep your hands clean, and cover your mouth with a tissue if you're coughing and sneezing. And use common sense."